

COUNTY REPORT OF COMPLIANCE TRANSMITTAL

COUNTY	DATE
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[illegible]

NAME	PHONE NUMBER	DATE
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COMPLIANCE CODE OPTIONS

- Use program code (letter) for each program in which a compliance action is required.
 - Use one or more action codes (number) for each program code.
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PROGRAM CODES:

- A. AFDC
 - B. FS
 - C. Medi-Cal
 - D. IHSS
 - E. AFDC/FC
 - F. OTHER: List Program
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ACTION CODES:

1. Action rescinded –Benefits determined & issued as eligible.
2. Action rescinded – Benefits not determined or issued due to lack of information. Admin Close.
3. Entitlement received as aid pending, (APP).
4. No eligibility for retroactive benefits found.
5. O/P or O/I reduced / cancelled as ordered.
6. Retro benefits reduced or not issued due to balancing against existing O/P, O/I.
7. SOC changed as ordered.
8. County has offered assistance to the claimant in obtaining reimbursement for any Medi-Cal covered expenses incurred.
9. Delayed Compliance (Brief explanation) Wait for followup transmittal.
10. OTHER: (Brief explanation)